IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

QUBIA PORTER,

Plaintiff,

ORDER

v.

Case No. 23-cv-353-jdp

DENISE HURLESS AND SANDRA ENDER,

Defendants.

Plaintiff Qubia Porter has filed a proposed civil complaint. Plaintiff has not paid the \$402 filing fee<sup>1</sup> nor asked for leave to proceed without prepayment of fees or costs. In the event that plaintiff wishes to proceed without prepayment of the filing fee, the enclosed petition and affidavit must be completed to determine whether plaintiff qualifies as indigent.

ORDER

IT IS ORDERED that plaintiff Qubia Porter may have until June 14, 2023, in which to either pay the \$402 filing fee or to submit an affidavit of indigency and return it to the court. If, by June 14, 2023, plaintiff fails to respond to this order, I will assume that plaintiff wishes to withdraw this action voluntarily. In that event, the case will be closed without prejudice to plaintiff filing the case at a later date.

Entered this 31st day of May, 2023.

BY THE COURT:

/s/

ANDREW R. WISEMAN United States Magistrate Judge

<sup>1</sup> Effective December 1, 2020, the total fee for filing a civil action is \$402 (the \$350 statutory fee plus the \$52 miscellaneous administrative fee).

## UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

| QU                                                            | BIA PORTER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |              |                                         |  |  |  |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|-----------------------------------------|--|--|--|
|                                                               | Plaintiff,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORDER   |              |                                         |  |  |  |
| v.                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case No |              | o. 23-cv-353-jdp                        |  |  |  |
|                                                               | NISE HURLESS<br>D SANDRA ENDER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Case 140.    | 25 ev 555 jap                           |  |  |  |
|                                                               | Defendants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |              |                                         |  |  |  |
|                                                               | NON-PRISONER REQUEST TO<br>WITHOUT PREPAYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |              | CT COURT                                |  |  |  |
|                                                               | wer the following questions to the best of your court may one if you do not tell the truth, the court may one in the court may of the court may one in the court may of the cour |         | awsuit.      |                                         |  |  |  |
| I.                                                            | Personal Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |              |                                         |  |  |  |
| 1)                                                            | Are you employed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □Yes    | □ No         |                                         |  |  |  |
| 2)                                                            | Are you married? If "Yes," is your spouse employed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | □ Yes   | □ No<br>□ No |                                         |  |  |  |
| 3)                                                            | Do you have any dependents that you are responsible for supporting?  \[ \text{Yes}  \text{No} \]  If "Yes," list them below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |              |                                         |  |  |  |
| Name or initials (for minor children only)  Relationship to Y |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ou Ag   | <u>ge</u>    | Amount of Support<br>Provided per Month |  |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |              | \$                                      |  |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |              | \$                                      |  |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |              | \$                                      |  |  |  |

| П.   | <u>Income</u> - If you are married, your answers <i>must include your spouse's income</i> . (When calculating income, include any wages, salary, rent, child support, public assistance, unemployment compensation, disability payments, life insurance payments, pensions, annuities, workers' compensation, stock dividends and interest, gifts and inheritance, or other money you receive from any source.) |                                                                              |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|
| 1)   | State your total <i>monthly</i> wages or salary?                                                                                                                                                                                                                                                                                                                                                                | \$                                                                           |  |  |  |
| 2)   | Provide the name and address of your employer(s):                                                                                                                                                                                                                                                                                                                                                               |                                                                              |  |  |  |
| 3)   | State your spouse's total <i>monthly</i> wages or salary? \$                                                                                                                                                                                                                                                                                                                                                    |                                                                              |  |  |  |
|      | the amount of money you have received from as the sources listed above. Please attach an                                                                                                                                                                                                                                                                                                                        | m any other source in the last twelve months, additional sheet if necessary. |  |  |  |
| Sour | ce of income                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Amount</u>                                                                |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                 | \$                                                                           |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                                                     |  |  |  |
| III. | Expenses - If you are married or have dependents, <i>your expenses should also include your household's expenses</i> .  (When calculating household expenses, you may include groceries, clothing, medical costs, utilities that are not included in your rental payments, transportation, and insurance.)                                                                                                      |                                                                              |  |  |  |
| 1)   | Identify the following amounts that you pay per month:                                                                                                                                                                                                                                                                                                                                                          |                                                                              |  |  |  |
|      | □ Rent or □ Mortgage                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                                           |  |  |  |
|      | Car payment(s)                                                                                                                                                                                                                                                                                                                                                                                                  | \$                                                                           |  |  |  |
|      | Alimony or court-ordered child support                                                                                                                                                                                                                                                                                                                                                                          | \$                                                                           |  |  |  |
|      | Credit card payment(s)                                                                                                                                                                                                                                                                                                                                                                                          | \$                                                                           |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |  |  |  |

| If "Yes," list them below:                                                                                                               |                              |             |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|-------------------------------------------------|
| Expense                                                                                                                                  |                              |             | <u>Amount</u>                                   |
|                                                                                                                                          | \$                           |             |                                                 |
|                                                                                                                                          | \$                           |             |                                                 |
|                                                                                                                                          | \$                           |             |                                                 |
| What are your total <i>monthly</i> expenses?                                                                                             | \$                           |             |                                                 |
| <u>Property</u> - If you are married, your answe                                                                                         | ers must <i>i</i>            | nclude you  | r spouse's property.                            |
| D V V.                                                                                                                                   | If "Yes," list car(s) below: |             |                                                 |
| Do you own a car? $\Box$ Yes $\Box$ No                                                                                                   | )                            | If "Yes," I | ist car(s) below:                               |
| Make and Model                                                                                                                           | )                            | Year        |                                                 |
| •                                                                                                                                        |                              | <u>Year</u> | Approximate Cur<br>Value                        |
| Make and Model                                                                                                                           |                              | <u>Year</u> | Approximate Cur<br>Value                        |
| Make and Model                                                                                                                           |                              | <u>Year</u> | Approximate Cur<br>Value                        |
| Make and Model                                                                                                                           | □ No                         | <u>Year</u> | Approximate Cur<br>Value<br>\$\$                |
| Make and Model  Do you own your home(s)? □ Yes                                                                                           | □ No<br>\$                   | Year_       | Approximate Cur<br>Value<br>\$\$                |
| Make and Model  Do you own your home(s)? □ Yes  If "Yes," state the approximate value(s).  What is the amount of equity (assessed value) | □ No<br>\$<br>lue of res     | Year_       | Approximate Cur Value  \$\$  \$  us outstanding |

| Date              |              |                      | Signature - Signed Under Penalty of Perjur                                                                       | y      |
|-------------------|--------------|----------------------|------------------------------------------------------------------------------------------------------------------|--------|
| declare<br>compla | that I am ui | , dec                | eclare that I am the plaintiff bringing this complaint. I fee and that I am entitled to the relief sought in the |        |
|                   |              |                      |                                                                                                                  |        |
|                   |              |                      |                                                                                                                  |        |
|                   |              |                      |                                                                                                                  |        |
|                   |              |                      |                                                                                                                  |        |
|                   |              |                      |                                                                                                                  |        |
|                   |              |                      |                                                                                                                  |        |
|                   | the court to | consider when revi   | iewing this petition.                                                                                            |        |
| V.                |              |                      | ribe any other financial circumstance(s) that you woul                                                           | d like |
|                   |              |                      |                                                                                                                  |        |
|                   | If "Yes," de | escribe the property | and the approximate value(s).                                                                                    |        |
|                   | □ Yes        | □ No                 |                                                                                                                  |        |
| 4)                |              |                      | y of value, such as real estate, stocks, bonds, trusts, or s (e.g., IRA, 401 k), artwork or jewelry?             |        |